

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	PS		2/17
O.I.P.E. CLASSIFIER			2/17/99
FORMALITY REVIEW		1008	2/23/99

INDEX OF CLAIMS

<input checked="" type="checkbox"/>	Rejected	N	Non-elected
<input type="checkbox"/>	Allowed	I	Interference
<input type="checkbox"/>	(Through numeral) ... Canceled	A	Appeal
<input type="checkbox"/>	Restricted	O	Objected

Claim	Final	Original	Date
1			
2		✓	2-27-71
3	✓	✓	2-27-71
4		✓	2-27-71
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8		0	0
9	✓	✓	
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16		✓	✓
17		0	0
18		1	0
19			✓
20			0
21		0	0
22		✓	✓
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25	✓	✓	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here